

## Initial Application Data Sheet

### **Application Information**

Application Number:: Unassigned  
Filing Date:: August 6, 2003  
Application Type:: Regular  
Subject Matter:: Utility  
CD-ROM or CD-R:: None  
Title:: AUTOMATED PRESCRIPTION AND/OR  
LITERATURE BAGGER SYSTEM AND METHOD  
OPTIONALLY INTEGRATED WITH AUTOMATED  
DISPENSING SYSTEM AND/OR AUTOMATED  
LABELING AND PACKAGING SYSTEM  
Attorney Docket Number:: 103864.140US1  
Request for Early Publication?:: No  
Request for Non Publication?:: No  
Total Drawing Sheets: 19  
Small Entity?:: No  
Petition Included?:: No  
Secrecy Order in Parent Application?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: U.S.  
Status:: Full Capacity  
Given Name:: James  
Middle Name:: G.  
Family Name:: McErlean  
City of Residence:: Allendale  
State or Province of Residence:: New Jersey  
Country of Residence:: U.S.

Street of mailing address:: 1 Walnut Place  
City of mailing address:: Allendale  
State or Province of mailing address:: New Jersey  
Country of mailing address:: U.S.  
Postal or Zip Code of mailing address:: 07401

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: U.S.  
Status:: Full Capacity  
Given Name:: Chih-Jen  
Family Name:: Leu  
City of Residence:: East Brunswick  
State or Province of Residence:: New Jersey  
Country of Residence:: U.S.  
Street of mailing address:: 42 Independence Drive  
City of mailing address:: East Brunswick  
State or Province of mailing address:: New Jersey  
Country of mailing address:: U.S.  
Postal or Zip Code of mailing address:: 08816

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: U.S.  
Status:: Full Capacity  
Given Name:: Michael  
Middle Name:: Joseph  
Family Name:: Szesko  
City of Residence:: Freehold  
State or Province of Residence:: New Jersey  
Country of Residence:: U.S.  
Street of mailing address:: 325 Georgia Road  
City of mailing address:: Freehold  
State or Province of mailing address:: New Jersey

Country of mailing address:: U.S.  
Postal or Zip Code of mailing address:: 07728

### **Correspondence Information**

Correspondence Customer Number:: 24395  
Phone number:: 202-942-8400  
Fax number:: 202-942-8484

### **Representative Information**

Representative Customer Number::	24395	

### **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date ::</b>
This application	Continuation-in-part	10/215,249	August 9, 2002
10/215,249	Non-provisional	60/401,340	August 7, 2002

### **Assignment Information**

Assignee Name:: Medco Health Solutions, Inc.  
Street of mailing address:: 100 Parsons Pond Drive  
City of mailing address:: Franklin Lakes  
State or Province of mailing address:: New Jersey  
Country of mailing address:: U.S.  
Postal or Zip Code of mailing address:: 07417-2603